

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/540,525

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
5	1					
6		1				
7		1				
8	1					
9	1					
10	1					
11	1					
12						
13						
14			1			
15			1			
16				1		
17				1		
18				1		
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50						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.	←	6	←	←		←
TOTAL CLAIMS			13			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.	←		←		←	←
TOTAL CLAIMS						